


 (OFFICE USE ONLY)
CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
2018 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

Form A

Name: WILLIAM H "BILLY" LONG, II Daytime Telephone: _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MO</u>	Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2018 Annual (Due: May 15, 2019)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:	a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?				G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"		

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: WILLIAM H. BILLY LONG, II

Page 2 of 15

BLOCK A												BLOCK B												BLOCK C												BLOCK D												BLOCK E																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Assets and/or Income Sources												Value of Asset												Type of Income												Amount of Income												Transaction																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<p>Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., “rental property,” and a city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period), or dependent child (DC), or (jointly held with anyone (J), in the optional column on the far left.</p> <p>If you report a privately-held fund that is an Exempted Investment Fund, please check the “EIF” box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP), or dependent child (DC), or (jointly held with anyone (J), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>																								<p>Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be “None.”</p> <p>*Column M is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if the asset generated no income during the reporting period.</p>												<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if the asset generated no income during the reporting period.</p>												<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if the asset generated no income during the reporting period.</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV

William H. Long, ||
United States House of Representatives
Financial Disclosure Statement - Form A
Calendar Year 2018

Schedule A - Assets and "Unearned Income"										Transaction												
Asset and/or Income Source										Value of Asset	Type of Income	Amount of Income										
										A	B	C	D	E	F	G	H	I	J	K	L	
Bank Accounts:																						
BancorpSouth, checking account										x	x											
Springfield First Community Bank										x	x											
Congressional Federal Credit Union, Checking										x	x											
Congressional Federal Credit Union, Savings										x	x											
Springfield First Community Bank, Hilt Svgs Acct										x	x											
Mortgage Note Receivable:																						
Kathy and Shawn Whitman, Fair Grove, MO										x	x											
Oil Interest																						
Resource Strategies LLC										x	x											
HRH Resources										x	x											
Finley Resources, Inc										x	x											
Stock and Securities:																						
Fidelity Investments: 133-207446																						
Fidelity Government Money Market	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Fidelity Municipal Money Market	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Chesapeake Energy Corp	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Direction ETF	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
PepperRock Res Corp	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Southern Co	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Stocks Held, TD Ameritrade	424-967538																					
Money Balance																						

William H. Long, II
 United States House of Representatives
 Financial Disclosure Statement - Form A
 Calendar Year 2017

Page 4 of 15

Schedule A - Assets and "Unearned Income"	Asset and/or Income Source	Value of Asset												Type of Income	Amount of Income	Transaction
		A	B	C	D	E	F	G	H	I	J	K	L			
JT Vanguard Funds, Mutual Funds: 88010950528																
Prime Money Market Fund																
Allergan Inc																
The Walt Disney Co																
JT Wells Fargo Advisors 8853-1907																
Washington Mutual Fd F2	x															
Legg Mason, Clearbridge Aggressive Gwth Fd	x															
Principal Fds Inc Midcap Fd	x															
Russell US Small Cap	x															
JT Southern Company																
Insurance Policies																
MetLife Insurance Co. of Connecticut																
Interest Sensitive Whole Life, Cash Value																
Individual Retirement Accounts:																
Fidelity Investments: (SEP) 133-164313																
Allergan Inc	x															
Dalphi Technologies Pic	x															
Aptiv Plc Com New	x															
Fidelity Govt Cash Reserves	x															
Innate Immunotherapeutics	x															
Apple Inc	x															
Cdex Inc Cl A	x															
Chesapeake Energy Corp	x															
Other Assets																
None																
DIVIDENDS																
RENT																
INTEREST																
CAPITAL GAINS																
EXCEPTED / BLIND TRUST																
TAX DEFERRED																
Other Types of Income																
None																
\$ 1 - \$ 200																
\$ 201 - \$ 1000																
\$ 1,001 - \$ 2,500																
\$ 2,501 - \$ 5,000																
\$ 5,000 - \$ 15,000																
\$ 15,001 - \$ 50,000																
\$ 50,001 - \$ 100,000																
\$ 100,001 - \$ 1,000,000																
\$ 1,000,001 - \$ 5,000,000																
Over \$ 5,000,000																

William H. Long, II
United States House of Representatives
Financial Disclosure Statement - Form A
Calendar Year 2018

Schedule A - Assets and "Unearned Income"

William H. Long, II
 United States House of Representatives
 Financial Disclosure Statement - Form A
 Calendar Year 2017

Page 4 of 15

Schedule A - Assets and "Unearned Income"

Asset and/or Income Source	A	B	C	D	E	F	G	H	I	J	K	L	Value of Asset	Type of Income	Amount of Income	Transaction
None																
\$ 1 - \$ 1,000																
\$ 1,000 1 - \$ 1,500,000																
\$ 1,500 0 1 - \$ 5,000,000																
\$ 5,000 0 1 - \$ 10,000,000																
\$ 10,000 0 1 - \$ 25,000,000																
\$ 25,000 0 1 - \$ 50,000,000																
\$ 50,000 0 1 - \$ 1,000,000,000																
\$ 1,000,000 0 1 - \$ 5,000,000,000																
\$ 5,000,000 0 1 - \$ 25,000,000,000																
\$ 25,000,000 0 1 - \$ 50,000,000,000																
\$ Over \$ 50,000,000,000																
None																
DIVIDENDS																
RENT																
INTEREST																
CAPITAL GAINS																
EXCEPTED / BLIND TRUST																
TAX DEFERRED																
OTHER TYPES OF INCOME																
None																
\$ 1 - \$ 200																
\$ 200 1 - \$ 1,000																
\$ 1,000 1 - \$ 2,500																
\$ 2,500 1 - \$ 5,000																
\$ 5,000 0 - \$ 15,000																
\$ 15,000 1 - \$ 60,000																
\$ 60,000 1 - \$ 100,000																
\$ 100,000 1 - \$ 1,000,000																
\$ 1,000,000 1 - \$ 5,000,000																
Over \$ 5,000,000																

Business Interests:	
Billy Long, Inc., Sub S Corporation	
Real Estate Commission Sales	
3923 E. Glen Abbey Dr., Springfield, MO	
80% shareholder interest	
SP	x
Professional Realty Referral, Inc., S Corporation	
Real Estate Commission Sales	
3923E. Glen Abbey Dr., Springfield, MO	
100% shareholder interest	
SP	x
BCL Homes, Sole Proprietor	
3923 E. Glen Abbey Dr., Springfield, MO	
100% interest	
SP	x

SCHEDULE B – TRANSACTIONS

Name: William H "Billy" Long, II

Page 7 of 15

		Type of Transaction	Date	Amount of Transaction									
SP	DC, JT			A	B	C	D	E	F	G	H	I	J
		Purchase											
		Sale											
		Partial Sale											
		Exchange											
		Check Box if Capital Gain Exceeded \$200											
		(MONTHLY) or Quarterly, or Bi-Weekly, if applicable											
		\$1,001-\$15,000											
		\$15,001-\$50,000											
		\$50,001-\$100,000											
		\$100,001-\$250,000											
		\$250,001-\$500,000											
		\$500,001-\$1,000,000											
		\$1,000,001-\$5,000,000											
		\$5,000,001-\$25,000,000											
		\$25,000,001-\$50,000,000											
		Over \$50,000,000											
		Over \$1,000,000 ^a Spouse/DC Asset											
		1 Page ATTACHED											

Use additional sheets if more space is required.

SCHEDULE B ... TRANSACTIONS

SCHEDULE C – EARNED INCOME

Name: WILLIAM F. BILLY LOVIE, JR. | Page 9 of 15

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$18,000
Civil War Roundtables (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	N/A

I ~~PLS~~ ATTACHED

Use additional sheets if more space is required.

William H. Long, II
United States House of Representatives
Financial Disclosure Statement - Form A
Calender Year 2018

Schedule C - Earned Income

Source	Type	Amount
Keller Williams Realty, Inc.	Residual Commissions for Services Rendered Prior to House Employment	28,608
Keller Williams Realty, Inc.	Spouse Residual Commissions	N/A

SCHEDULE D – LIABILITIES

Name: William H. "Buddy" Long, II

Page 11 of 15

Report liabilities of over \$10,000 owed to any one creditor at **any time** during the reporting period. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP DC, JR	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
Exempt	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE		\$10,001-\$15,000									
					\$15,001-\$50,000									
					\$50,001-\$100,000									
					\$100,001-\$250,000	X								
					\$250,001-\$500,000									
					\$500,001-\$1,000,000									
					\$1,000,001-\$5,000,000									
					\$5,000,001-\$25,000,000									
					\$25,000,001-\$50,000,000									
					Over \$50,000,000									
					Over \$1,000,000* (Spouse/DC Liability)									

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
None	None

William H. Long, II
 United States House of Representatives
 Financial Disclosure Statement - Form A
 Calendar Year 2018

Page 12 of 15

Schedule D - Liabilities

Creditor SP, DC, JT	Type of Liability	Date Liability Incurred Mo/Year	Amount of Liability								
			A	B	C	D	E	F	G	H	I
			\$ 1 0, 0 0 1	\$ 1 5, 0, 0 0							
			\$ 1 5, 0 0 1	-	\$ 5 0, 0 0 0						
			\$ 5 0, 0 0 1	-	\$ 1 0 0, 0 0 0						
			\$ 1 0 0, 0 0 1	-	\$ 2 5 0, 0 0 0						
			\$ 2 5 0, 0 0 1	-	\$ 5 0 0, 0 0 0						
			\$ 5 0 0, 0 0 1	-	\$ 1, 0 0 0, 0 0 0						
			\$ 1, 0 0 0, 0 0 1	-	\$ 5, 0 0 0, 0 0 0						
			\$ 5, 0 0 0, 0 0 1	-	\$ 2 5, 0 0 0, 0 0 0						
			\$ 2 5, 0 0 0, 0 0 1	-	\$ 5, 0 0 0, 0 0 0						
			\$ O v e r		\$ 5 0, 0 0 0, 0 0 0						

SP SFC Bank, Springfield, MO
 9/9/2016
 Line of Credit Business Loan
 BCL Homes

SCHEDULE F – AGREEMENTS

Name: William H. "Billy" Long, Jr. | Page 13 of 15

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	<u>None</u>	

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totalling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
<u>None</u>		

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: William K "Billy" Long

Page 14 of 15

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source	Date(s)	City or Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Y	Y	N
Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Y	Y
Consumer Technology Assoc	Jan 11-13	DC - Las Vegas - DC	Y	Y	N
US Assoc of Former Members of Congress & Sasakawa Peace Foundation	Feb 17-24	DC - Tokyo Japan - Sapporo Japan - DC	Y	Y	N
The Aspen Institute	Mar 2-5	DC - Stanford, CA - DC	Y	Y	N
Government of Qatar (MECEA)	Mar 29-Apr 3	DC - Doha, Qatar - DC	Y	Y	N
The Aspen Institute	Aug 15-19	Springfield, MO - Vancouver, BC, Canada - Las Vegas, NV	Y	Y	Y
The Riper Society & The Franklin Center	Nov 8-13	DC - Paris, France - DC	Y	Y	Y

Use additional sheets if more space is required.

**SCHEDULE I - PAYMENTS MADE TO CHARITY IN
LIEU OF HONORARIA**

Name: Willard H. "Billy" Long

Page 15 of 15

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Use additional sheets if more space is required.